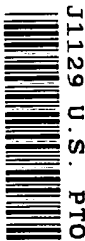


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Please type a plus sign (+) inside this box ☒

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Box Reissue
Commissioner For Patents
Washington, DC 20231

Attorney Docket No.	22728-06523
First Named Inventor	David Green
Original Patent Number	6,072,933
Original Patent Issue Date (Month/Day/Year)	June 6, 2000
Express Mail Label No.	EL566299796US

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent
 ☐ Design Patent
 ☐ Plant Patent
APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form ((PTO/SB/56)
(original only))
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (unsigned)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
 - ☐ Original U.S. Patent for Surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
 - ☒ Yes ☐ No
 (If Yes, check applicable box(es))
- ☐ Written Consent of all Assignees (PTO/SB/53)
- ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173(c).
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ *Small Entity ☐ Statement filed in prior application,
Statement(s) Status still proper and desired
(PTO/SB/09-12)
11. ☒ Preliminary Amendment and Statement of status/
support for all changes to the claims.
See 37 CFR 1.173(c).
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

***NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO
 PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT
 IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A
 PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

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PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Name (Print/Type)	Rajiv P. Patel	Registration No. (Attorney/Agent)	39,327
Signature	<i>Raj P. Patel</i>	Date	December 6, 2001


Jc879 U.S. PTO

10/006971



12/06/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 22728-06523		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate Fee		
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 138	**** 118 =	x \$ _____ =		or	x \$18.00 =	2124.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$ _____ =			x \$84.00 =	588.00
Basic Fee (37 CFR 1.16(h))					\$ _____	OR		
Total Filing Fee					\$ _____			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Total Claims (37 CFR 1.16(j))	*** 138	MINUS	** 20 =	* = 118	x \$ _____		or	x \$18.00 = 2124.00
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 3 =	= 7	x \$ _____			x \$84.00 = 588.00
Total Additional Fee					\$ _____	OR \$2712.00		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ <u>PLEASE DEFER</u> to cover the filing fee is enclosed.</p> <p>December 6, 2001 Date</p> <p style="text-align: right;"> Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: right;">Rajiv P. Patel, Reg. No. 39,327 Typed or printed name</p>								

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